

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020465

4889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Reg. No. 318

Primary Registration District No. 1003

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 4002 Shaw Ave.	
3. NAME OF DECEASED (Type or print) First George Middle Oliver Last Hall		4. DATE OF DEATH Month May Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/20/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wrapper		11. BIRTHPLACE (City and state or country) Dent Co., Mo.	
13a. FATHER'S NAME William Hall		14. NAME OF HUSBAND OR WIFE Ora Hall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		17. INFORMANT Ora Hall, 4002 Shaw Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma Bladder. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peritonitis (due to perforation sigmoid) DUE TO (c) Aorta (descending) Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 181.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis	
21. I attended the deceased from 4/20/61 to 3/5/62 and last saw her alive on 3/5/62 Death occurred at 10:30 pm 5/14/62 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Herb S. Lund MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-17-62	
24. FUNERAL DIRECTOR Warfel Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. MAY 14 1962	
23c. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery		23d. LOCATION (City, town, or county) Salem, Mo.	
26. REGISTRAR'S SIGNATURE Earl Smith MD		27. DATE SIGNED 5/14/62	

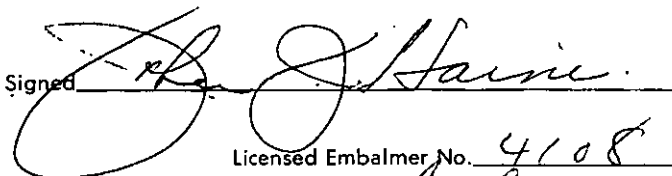
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.